



The Fort Hood Area Military Family Member Scholarship Fund

Post Office Box 5299, Fort Hood Texas, 76544 (254) 286-2334

MILITARY SPOUSE SCHOLARSHIP 2009-2010

1. **General.** The Fort Hood Area Military Family Member Scholarship Fund is an independent organization developed for the purpose of providing scholarships for deserving, eligible U.S. military family members. A special Selection Committee will nominate applicants based on the spouse's academic record, job record, volunteer work, participation in community-based activities, letters of recommendation and a brief essay. **Financial need is not considered.** All properly submitted applications are reviewed and evaluated by the Selection Committee in accordance with the organization's constitution and by-laws. All materials submitted remain confidential.
2. **Eligibility.**
 - a. The applicant must be:
 - 1) the spouse of an active duty U.S. military sponsor assigned to Ft. Hood and residing in Bell, Coryell, Lampasas, or Williamson County, or
 - 2) the spouse residing in Bell, Coryell, Lampasas, or Williamson County of an active duty U.S. military sponsor, or
 - 3) the spouse of a deceased or retired active duty U.S. military sponsor residing in Bell, Coryell, Lampasas, or Williamson County.
 - b. "Active duty U.S. military sponsor" is defined as active-duty Regular Army or an Army Reservist who is activated at the time of application for scholarship or a National Guardsman who is activated at the time of application for scholarship.
 - c. The applicant must be a high school graduate or hold a valid high school equivalent.
 - d. The applicant must be accepted by an accredited institution of higher learning (i.e., college, vocational, or correspondence) or expect to be accepted by such an institution for an **undergraduate/graduate** degree. Persons pursuing a second undergraduate or graduate degree are **NOT ELIGIBLE**.
 - e. The applicant must possess a valid U.S. military identification card.
 - f. Active Duty service members are not eligible.
 - g. Those who have previously received a Fort Hood Area Military Family Member Scholarship

are ineligible to apply. Those who have previously applied, but **DID NOT RECEIVE** a scholarship are eligible to re-apply.

3. **Procedures.** Applicants must submit the following as a completed packet to be considered by the Selection Committee:

- a. Completed Application Form. Use this year's current Form. Do not send resumes, copies of awards, or diplomas. Provide only the information requested.
- b. An essay, in 500 words or less, explained in your own words: Upon completion of this phase of your education, how do you see yourself applying this knowledge in the next 5-10 years ? See Application Form #13 for instructions.
- c. Official college or vocational transcripts (if available) with an original signature or seal. **No** copies will be accepted.
- d. Two (2) sealed letters of recommendation should be completed by persons unrelated to you who will attest to your motivation, character, and integrity.
- e. Copy (front and back) of applicant's current picture U.S. military ID card.
- f. It is the applicant's responsibility to ensure that a completed packet, as listed above, is **mailed** with sufficient postage. Postage-due mail will not be accepted and will be returned to the Post Office. Hand-carried applications will not be accepted. Include **applicant's** last 4 numbers of their Social Security Number on all application materials.
- g. The completed packet **must** be postmarked by **26 March 2010** and mailed to:

Fort Hood Area Military Family Member Scholarship Fund
P. O. Box 5299
Fort Hood, Texas 76544

- h. Incomplete applications are ineligible for consideration.
- i. Questions? Call (254) 286-2334. If dialing from Ft. Hood: 9-286-2334. This is a voice mailbox. Please leave a message, your name and phone number and allow at least 48 hours for a response. Or write FHAMFMSF, Box 5299, Fort Hood, Texas 76544.

4. **Scholarship Awards.** Scholarships awarded must be used during the school year immediately following the award. **Funds available 1 July 2010 must be claimed not later than 26 February 2011.** The Scholarship Committee will award funds directly to the institution of higher learning (not to individual recipients) in the recipient's name upon verification of registration. Scholarship winners who accept a full four year scholarship (to include tuition, room and board) from another source must forfeit this scholarship and notify in writing the Ft. Hood Area Military Family Member Scholarship Fund Committee of their decision by 1 October 2010. Scholarship selections are made at the end of April and scholarship recipients will be notified no later than mid-May 2010.

MILITARY SPOUSE DATA SHEET (page 1 of 1)

Please print legibly and in ink or type.

1. Name of student: _____
Last First M. I.

2. Address: _____
Number Street Apt. County

City State Zip Code

3. Telephone: () _____ - _____
Home Work

4. E-Mail: _____

5. Date of Birth: ____/____/____
Day Month Year

6. **Applicant's** Social Security Number: _____ - _____ - _____

7. Sponsor's Name: _____

8. Sponsor's Full Unit (include company, battalion, brigade, division, example:
A Company, 1-23 Battalion, 2nd Brigade, 4th Infantry Division)

9. Is Sponsor Active Duty, Retired, or Deceased? _____

10. Applicant's U.S. Military ID Card Expiration Date: _____

_____ last 4 of SSN

MILITARY SPOUSE SCHOLARSHIP APPLICATION (page 1 of 3)

1. Year of high school graduation or receipt of high school equivalent: _____
2. Your highest education level: _____
3. Previous colleges, universities, or vocational schools you have attended:

4. Educational institution you are currently attending or to which you have been accepted:

5. Type of scholarship award for which you are applying: Academic _____ Vocational _____
(check one)
6. What is the field of study for your degree?

7. Are you currently employed? _____ Employer: _____
8. Past Work Experience: _____

<u>Job</u>	<u>Location</u>	<u>Dates of Employment</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

last 4 of SSN

Military Spouse Application (page 2 of 3)

9. Volunteer Experience:

<u>Job or Agency</u>	<u>Location</u>	<u>Dates/Total Hours</u>
<hr/>	<hr/>	<hr/>
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10. Additional community activities in which you are involved:

11. Awards, recognition, certificates, etc. that you have received for work performance, volunteer services or community-related services.

12. Hobbies and Recreational Activities:

Military Spouse Application (page 3 of 3)

13. **ESSAY.** In 500 words or less, explain in your own words: Upon completion of this phase of your education, how do you see yourself applying this knowledge in the next 5-10 years?
Double-Spaced and typed.

Include applicant's last 4 numbers of Social Security Number (not your name) at the top of the paper.

14. **Signature:** I understand that my signature below indicates the information given in this application is true to the best of my knowledge. I further understand that the information is exclusively for the use of the FHAMFM Scholarship Fund and FHAMFM Scholarship Selection Committee and will not be shared with other individuals or agencies without my consent.

Signature

Date

Please certify with your initials that each application requirement is included in your completed packet. Completed packet to be mailed must include the following:

- _____ Military Spouse Data Sheet (one page)
- _____ Completed and signed Application (three pages)
- _____ Essay Question
- _____ Official college or vocational transcript(s), with original signature or seal from school(s)
- _____ Two (2) Sealed Letters of Recommendation
- _____ Copy (front and back) of Applicant's U.S. Military ID Card
- _____ Email address so we may notify you once we receive your completed application

Incomplete application packets are ineligible for consideration. All materials must be postmarked by 26 March 2010 and mailed to Fort Hood Area Military Family Member Scholarship Fund (FHAMFMSF).

Applicants, please reproduce this form and give it to each of the individuals providing your letters of recommendation.

Instructions for Letters of Recommendation

Using the guidelines below, please provide a brief summary of your recommendations for this applicant.

1. **Do not refer to the applicant by name; refer to the applicant as “he” or “she.”**
2. Your recommendation should include reference to the applicant’s character, integrity, and motivation; it may be based on a professional and/or personal relationship.
3. Include the following information:
 - a. Applicant’s Social Security Number
 - b. Your relationship to the applicant
 - c. Length of time you have known the applicant
 - d. Your printed name, original signature, and current date
4. Length of the summary should not exceed one page.
5. Please type or write legibly in dark ink.
6. Place in a sealed envelope and give to the applicant or so he or she may include it in their application for mailing.